OUTSTANDING AMBULANCE SERVICE AWARD NOMINATION FORM*

Please mail this form to EMS Awards, Community Health and EMS Section, P.O. Box 110616, Juneau, AK 99811-0616 or fax it to EMS Awards, (907) 465-4101 so that it is received by Monday, September 10, 2001.

Name and Title of Person Submitting Nomination:		
Telephone number of Person Submitting Nomination:	(Work)	(Home)
Name of Ambulance Service Organization Nominated:		
Location:		
Name of Chief or EMS Captain:		
Service Level Provided: BLS Certified? ALS Certified?		
Number of Paid Personnel: EMT-I, EMT-II, EMT-I ETT, R.N, OTHER		
Total Paid Personnel:		
Number of Volunteer Personnel: EMT-I, EMT-II, EMT-II, EMT-II, OT		
Total Volunteer Personnel:		
How long has this service been organized?		
History:		

Did this service complete the annual statewide ambulance survey this year? YesNo N/A If no, why not?		
* The \$500 "Outstanding Ambulance Service" award is presented annually to an outstanding ambulance service organization in Alaska by Safety, Inc. of Anchorage. The nominating process is coordinated with the Section of Community Health and EMS and the EMS regional agencies, and the recipient organization is selected by the Alaska Council on Emergency Medical Services (ACEMS) from the nominations submitted. OUTSTANDING AMBULANCE SERVICE AWARD NOMINATION FORM - continued		
Number, length and types of runs during last 12 months:		
Unusual emergency medical services or rescue services routinely provided, or unusual circumstances routinely encountered:		

Continuing Education	n Program during past ye	ear:	
In 500 words or less: How does it perform	Why should this ambula over and above the basic	ance service organization e level of service provided	be considered outstanding? I by all ambulance services?